

# Shelton School District

## Out of State, Overnight or International Field Trip Approval Process

(Not for field trips scheduled during the school day)

---

Proposed out of state, overnight or international field trips must be carefully planned and approved at the building and district level prior to any cost being incurred or collected, such as travel arrangements or program fees. Though no costs may be incurred, estimated travel costs may be collected from individuals as a deposit in advance of approval.

---

Field trips, including optional trips, can affect other school programs/classes when taken during a certain times of the year. To avoid as much conflict as possible, consider the following times **blackout dates** and do not schedule field trips during these times.

- The school day before a break/holiday (Thanksgiving, winter, mid-winter, spring).
- The five school days prior to midterm or finals each trimester.
- The first five school days of each trimester.
- The windows for state testing.
- The window for AP testing.

### **STEPS REQUIRED TO PROCESS the Application:**

1. Read applicable SSD School Board Policies and Procedures (2320 and 2320P - Field Trips). Note:
2. Check your school's master calendar to make sure there are no conflicts and that you are not planning a field trip during a blackout period as outlined above.
3. Once your trip is properly planned, completely fill out all required forms to begin the process for approval. The following forms are required for a complete trip submission:
  - A. Out of State or Overnight Field Trip Application (included in this document)
  - B. Parent Authorization and Acknowledgement of Risk for Out of State or Overnight Field Trip
  - C. Medication Authorization Form
4. Students are in our care at all times of the school day, which includes time spent off campus. This means that student Individual Health Plans and/or medication **MUST** accompany the student on a field trip. Notify the school nurse at minimum 8 school weeks in advance of an out of state, overnight or international field trip and prior to district approval. Provide a roster of attending students and any medical information they may have received at minimum 6 school weeks prior to the trip date.
5. Turn in the completed field trip packet with supporting documents as described above to the principal or principal's designee in advance of the date needed for district approval. The earlier the better!
  - a. For out of state or overnight field trips within the United States, return the packet to the principal or principal's designee at a minimum 4 school weeks prior to the date needed for district approval.

- b. For international trips, return the packet to the principal or principal's designee at minimum 12 school weeks prior to date needed for district approval.
6. The principal or principal's designee will obtain principal approval/signature, retain original and place copies in the appropriate staff mailboxes (accounting, attendance, school nurse, activity secretary, requesting teachers', etc.) so they know the trip has been approved and will add the trip to the school's calendar.
7. The principal or principal's designee will then send the completed packet (with signatures) to the superintendent's secretary at the District Office and they will then route the packet through the district approval process. Approval will be sent to teacher and principal or principal's designee.
  - a. Please email the packet with a read receipt request. This will be your verification that the application has been received.
  - b. For out of state or overnight trips within the United States, please allow at minimum 2 school weeks for processing prior to inclusion for district approval.
  - c. For international trips, please allow at minimum 4 school weeks for processing prior to inclusion for district approval.

**Once application has been approved by the District:**

9. Teacher/Advisor (sponsor) responsibility after approval is as follows:

- a. Submit application packet, entry fees, applications or registration forms to accounting office manager for payment or processing. All fees must be collected prior to departure. Unpaid fees may mean the cancellation of a trip. Fees are a school responsibility.
- b. Make a copy of all documentation and keep the originals for recordkeeping with the office manager of the school.
- c. See office manager to request a substitute teacher, if required.
- d. See ASB or appropriate secretary to order district transportation.
- e. Check with office manager or administrator regarding entrance into the building during non-school hours, if needed.
- f. Check with the school nurse to determine if any students going on the trip have medications and/or Individual Healthcare Plans (IHP) at minimum 6 school weeks in advance.

**How to coordinate overnight, out of state, or international field trip with the school nurse:**

Students are in our care at all times during the school day, which includes time spent off campus, be it an hour or overnight. This means that a student's Individual Health Plan and/or medications **MUST** accompany them on a field trip. **Here is how to make sure this happens:**

**Teacher's responsibility:**

- **Review your student health alert List.** Will this field trip require a school nurse or para educator to attend to student health needs as required by law – diabetes, seizure disorders, other? Assessment of this extra expense must be considered.
- **Notify the school nurse and office manager** at minimum 8 school weeks in advance and prior to trip approval. Provide a roster of attending students and any medical information received at

minimum 6 school weeks to the school nurse prior to the trip date. If there is a need for a nurse or para to accompany a student on the trip, this discussion must include the school nurse and a building administrator. The special education supervisor for health services must also be notified. There may not be the option of a SSD substitute nurse to cover field trips. An agency nurse may be arranged at higher cost.

- **Send the school nurse a list of students going on the trip, completed extended field trip emergency health forms,** and completed Medication Authorization forms a minimum 6 school weeks prior to any overnight and/or out of state field trips.
- **Transportation:** Students must have their emergency medication accessible in the same car they are riding in.
- **Carrying medication:** If the student has health care provider orders to self-carry and self-administer medication, they may do so. If the student does NOT have self-carry and self-administer orders, and the trip is within Washington State, a SSD employee must carry and administer these medications. The school nurse must delegate medication administration to this employee. This employee must ride in the same vehicle as the student and be in the student's group at all times. If student with the medication is riding with their parent/guardian, the parent/guardian may carry emergency medication. If the trip is OUTSIDE OF WASHINGTON STATE, the student may either have orders to self-carry and self-administer, or have a parent accompany them. If neither option is possible, an agency nurse may be arranged at a higher cost.
- **Pick up** medications from the health room when you leave for the field trip, and return them immediately when you get back. Student health information and medications **MUST** be in the Health Room at all times, except when the student is on a field trip (unless student is authorized to self-carry).
- **Stay current with Epi Pen and Administering Medications trainings** so you are prepared for a field trip. Speak to the school nurse about delegation. Note: Medications cannot be delegated to non-SSD employees.
- **Be prepared** for an allergic reaction, an asthma episode, high or low blood glucose readings, or a seizure! All staff on the field trip should be aware of students with an Individual Health Plan.

#### **School Nurse's responsibility:**

- **Provide** a list of students who have life threatening health conditions (alert list), medication requirements, and any serious medical issues or concerns.
- **Prepare field trip materials** with Individual Health Plans, and medications (if needed). These packets (zip lock baggies) will be ready for pick up in the Health Room on the day of the field trip. Front office staff will assist with this if RN is not present.
- **Notify and work with parents** if there are medication questions. This important piece happens only with enough advance notice!
- **Train staff** in Epi Pen and Medication Administration at a mutually agreeable time well in advance of the field trip date.

Date Completed:	Timeline Checklist:
	For out of state or overnight field trips within the United States, return the packet to the principal or principal's designee at a minimum <b><u>4 school weeks</u></b> prior to the date needed for district approval.
	Provide a roster of attending students and any medical information they may have received at <b><u>minimum 6 school weeks</u></b> to the school nurse and office manager prior to the trip date.
	The principal or principal's designee will then send the completed packet (with signatures) to the superintendent's secretary at the District Office and they will then route the packet through the district approval process. Approval will be sent to teacher and principal or principal's designee.
	<b><u>Once application has been approved by the district</u></b> the teacher must have all approved Healthcare Plans (IHP) prepared at minimum <b><u>6 school weeks</u></b> in advance.
	Notify the school nurse at minimum <b><u>8 school weeks</u></b> in advance of an out of state, overnight or international field trip and prior to district approval.
	For international trips, return the packet to the principal or principal's designee at minimum <b><u>12 school weeks</u></b> prior to date needed for district approval.

# Shelton School District

## Out of State, Overnight or International Field Trip Application

(Not for Field Trips scheduled during the school day)

Date of Request		Teacher/Advisor Name:	
Class or Group		Teacher/ Advisor Cell Phone	
Departure Date:		Return Date:	
Departure Time from School:		Arrival at Destination	
Departure from Destination:		Arrive at School	
Number of Students:		Number of Chaperones:	
		Male #:	
		Female #:	
Method of Travel:		Charge to Budget Code:	
Anticipated Cost/Student: <i>See cost breakdown section below</i>		Department Chairs Signature:	

Destination of Trip:	
Destination Address/Contact:	
Educational Objective:	

<b>Trip Costs:</b>	
Entry fee/participation	\$
Transportation	\$
Substitute teacher – <i>check one</i>	<u>\$70</u> /half day <u>\$140</u> /full day
Food:	\$
Other:	\$
Total Trip Cost:	\$

<p><b>Describe activities planned while on the trip (use back of form or additional paper if necessary):</b></p>
<p><b>What required assignments will participants have to complete related to this activity? What alternate assignments will be available to students who miss the activity?</b></p>
<p><b>What arrangements have been made for students to complete work missed in other classes?</b></p>
<p><b>How many adults will provide supervision?</b></p>
<p><b>What considerations have been made for students who cannot afford the cost of the trip?</b></p>
<p><b>Have you reviewed student health needs and discussed with School Nurse?</b></p>

<b>APPROVALS:</b>	
<b>Principal Signature:</b>	<b>Date:</b>
<b>Assistant Superintendent of Finance and Operations Signature:</b>	<b>Date:</b>
<b>Superintendent or Designee Signature:</b>	<b>Date:</b>

## PARENT AUTHORIZATION

### AND ACKNOWLEDGEMENT OF RISK FOR OUT OF STATE OR OVERNIGHT FIELD TRIP

(This form and an attached **field trip description** are required for all out-of-state or overnight trips.)

**IMPORTANT DIRECTIONS:** (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

Name of Student and Student Id#	
Date(s) of Trip	Destination:
Purpose:	

(Name of Employee) \_\_\_\_\_

Is the District employee responsible for the trip and may be accompanied by other District staff, and approved volunteer chaperones. They have my permission to do so.

**TRANSPORTATION BEING PROVIDED BY** (Check all that apply)

<input type="checkbox"/>	Airline	<input type="checkbox"/>	Leased Vehicle
<input type="checkbox"/>	School Bus	<input type="checkbox"/>	District Vehicle
<input type="checkbox"/>	Commercial Carrier	<input type="checkbox"/>	Other

**DRIVERS OF DISTRICT, PRIVATE OR LEASED VEHICLES** (Check all that apply.)

<input type="checkbox"/>	Parent	<input type="checkbox"/>	Teacher or Staff Member	<input type="checkbox"/>	Other
--------------------------	--------	--------------------------	-------------------------	--------------------------	-------

If travel by private car is involved, your student will ride with \_\_\_\_\_  
(Name of Driver)

\_\_\_\_\_  
(Telephone Number)

Please Note: School staff ensures that all drivers and vehicles are approved by the District Transportation Department before driving students. An itinerary for the trip (detailing dates, place of lodging, events, etc.) is attached for your information.

#### Pupil Agreement

While participating in this field trip, I will accept responsibility for abiding by all District and school rules, regulations, policies and procedures; following the directions of staff and volunteer chaperones; and the expectations set by advisors. Any incidents of exceptional misconduct as defined in District Procedure 3200P may result in my being sent home at the expense of my family.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Shelton School District

**PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS**

If an emergency involving illness and/or injury should arise, the Shelton district staff member in charge has my permission to seek the aid of medical professionals for emergency care.

In the event it becomes necessary for the Shelton district staff in charge to obtain emergency care for your student, neither s/he nor the Shelton School District assumes financial liability for expenses incurred because of accident, injury, illness and/or unforeseen circumstances.

I understand that participation in this field trip is voluntary, that it is not required, and that it may, exposes my child to some risk(s). I have read and understand the description of the field trip (attached) and authorize my child to participate in the planned components of the field trip. I also understand that participation in the field trip will involve activities off school property; therefore, neither the Shelton School District, or its employees and volunteers, will have any responsibility for the condition or use of any non-school property.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

[Insert as applicable: The proposed trip is to a country, which has a current travel alert in effect.]

In the event that unforeseen circumstances arise creating a need for you to contact your student or for information to be relayed to you about an emergency, change in itinerary, etc., an information network has been established. Your contact person is

\_\_\_\_\_  
(Name of School)

\_\_\_\_\_  
(Telephone Number)

Student's date of birth \_\_\_\_\_

Student's Address \_\_\_\_\_

Student's Telephone \_\_\_\_\_

I give permission for (Name of Student) \_\_\_\_\_ to participate in this field trip.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Phone Number



**IMPORTANT NOTICE:** Shelton School District cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for shows, transportation, or hotels) for any field trip that Shelton School District cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.

STATE OF WASHINGTON)

COUNTY OF MASON)

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn, personally appeared \_\_\_\_\_ to me known to be the person who executed the within and foregoing instrument, and acknowledged said instrument to be his or her free and voluntary act and deed for the uses and purposes therein mentioned.

IN WITNESS WHEREOF I have hereunto set my hand and official seal the day and year first above written.

\_\_\_\_\_  
(Signature of Notary)\*\*\*

(Print or stamp name of Notary)

NOTARY PUBLIC in and for the State of Washington,  
residing at \_\_\_\_\_

My appointment expires: \_\_\_\_\_

\*\*\*Signature of Notary is required for all international trips including trips to Canada.